

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

Chapter 13

-----X
In re:

Case No. 17-30001 cgm

Laurie Yodice

Debtor.
-----X

CREDITOR LOSS MITIGATION AFFIDAVIT

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

I, RoseMarie Fortino, being sworn, say:

I am not a party to this action, am over 18 years of age and reside in Richmond County, New York.

On May 5, 2017, I served a true copy of the Financial Packet annexed hereto and a request for the following documents:

- ☒ A copy of the Mortgagee(s) completed Financial Worksheet;
- ☒ Tax Returns (last 2 years); signed, dated, including all schedules;
- ☒ Proof of Second/Third Party Income by Affidavit of the party, including the party(s) last two (2) paycheck stubs,
- ☒ Three (3) most recent bank statements (all pages for all accounts);
- ☒ 30 consecutive days' of paystubs (5 stubs if paid weekly and 3 stubs if paid every two weeks)
- ☒ If self-employed, then most recent year to date profit and loss statement;
- ☒ Proof of other earned income and/or benefit income (include most recent award letter);
- ☒ A detailed list of all monthly expenses:
- ☒ Uniform Borrower Assistance Form (710): Completed:
- ☒ RMA (Request for Mortgage Assistance); all boxes completed, signed and dated.
- ☒ Rental Income: need current signed and dated lease agreements; 2-months proof of rental income deposit;
- ☒ Mortgage Statement and/or copy of modification on the first lien.
- ☒ Other (please specify): Current utility bill; Homeowners Insurance policy declaration page; No homeowner association letter; Property tax bill; completed 4506T form, a Hardship Letter covering the 5 following sections: Cause of the hardship, why did the hardship occur happen, when did the hardship occur, how and when did the

customer resolve the hardship and the customers intent on keeping the subject property,
and Dodd-Frank Certificate.

Upon the following parties via email at the following addresses:

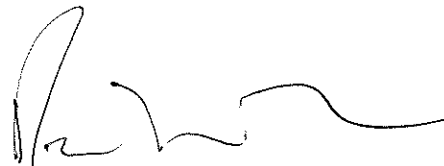
Devon Salts
Salts Law Office
1542 Route 52
Fishkill, NY 12524
(914) 482-3137
Email: devonsalts@hotmail.com

Please be advised that the loss mitigation contact is as follows:

Christi Kemp
NMLS #288332
Safe Officer, Loan Servicing
Seterus, Inc. NMLS #2315
14523 SW Millikan Way,
Suite 200
Beaverton, OR 97005
christi.kemp@seterus.com

**KINDLY PROVIDE A COPY OF THE COMPLETED FINANCIAL
DOCUMENTS VIA EMAIL TO THE FOLLOWING ADDRESS:
RFortino@rosicki.com.**

Dated: Plainview, New York
May 5, 2017



RoseMarie Fortino
Rosicki, Rosicki & Associates, P.C.
51 E. Bethpage Road
Plainview, NY 11803
Phone: 516-741-2585

Sworn to before me this
5 day of May, 2017


NOTARY PUBLIC

Betsy P. Tarr
Notary Public, State of New York
No. 01TA6000083
Qualified in Nassau County
Term Expires December 8, 2017

Loan number: _____

seterus™

Borrower Assistance Form

If you are having mortgage payment challenges because of a temporary or long-term hardship, please complete and submit this form, along with the required documentation, to Seterus via mail: PO Box 1077, Hartford, CT 06143-1077, fax: 866.578.5277, or online: www.seterus.com/uploadmydocs. We will follow up and let you know if you're missing any required information or documents within five business days of receipt.

The requested information is extremely important because it helps us understand your situation, identify the solutions you may be eligible to receive, and consult with you to determine what option may best meet your needs.

If you need help while completing this form, please contact Seterus at 866.570.5277 for assistance.

Borrower Information

Borrower's name: _____

Co-Borrower's name: _____

Social Security Number (last 4 digits): _____

Social Security Number (last 4 digits): _____

Primary phone number: _____

☐ Cell
☐ Home
☐ Work
☐ Cell
☐ Home
☐ Work

Primary phone number: _____

☐ Cell
☐ Home
☐ Work
☐ Cell
☐ Home
☐ Work

Alternate phone number: _____

Alternate phone number: _____

E-mail address: _____

E-mail address: _____

Is either borrower an active duty service member or the surviving spouse of a service member who was on active duty at the time of death? ☐ Yes ☐ No

Property Information

Property address: _____

Mailing address (if different from property address): _____

The property is currently: ☐ A primary residence ☐ A second home ☐ An investment property

The property is: ☐ Owner occupied ☐ Renter occupied ☐ Vacant

Borrower's preference: ☐ Keep the property ☐ Not keep the property ☐ Undecided

Is the property listed for sale? ☐ Yes ☐ No; if yes, provide the following: 1) Listing date: _____ 2) Listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners association (HOA) fees? ☐ Yes ☐ No; if yes, indicate monthly dues \$ _____

Household Income

MONTHLY INCOME TYPE AND AMOUNT		REQUIRED DOCUMENTATION
Gross wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none">Completed and signed IRS Form 4506T-EZ** ANDMost recent pay stub(s) reflecting 30 consecutive days' or four weeks' earnings ANDDocumentation of year-to-date earnings if not on pay stub
Self-employment income	\$	<ul style="list-style-type: none">Completed and signed IRS Form 4506-T ANDThe most recent signed and dated quarterly or year-to-date profit/loss statement
Unemployment income	\$	<ul style="list-style-type: none">Completed and signed IRS Form 4506T-EZ**

Loan number: _____

MONTHLY INCOME TYPE AND AMOUNT		REQUIRED DOCUMENTATION
Social Security, pension, disability, or death benefits	\$	<ul style="list-style-type: none"> Completed and signed IRS Form 4506T-EZ** AND Documentation from the provider showing the amount and frequency of benefits OR two most recent bank statements showing deposit amounts
Rental income (Rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> Completed and signed IRS Form 4506-T AND Provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent
Adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> Completed and signed IRS Form 4506T-EZ**
Other (e.g. income from alimony*, child support*, investments, or insurance)	\$	<ul style="list-style-type: none"> Completed and signed IRS Form 4506T-EZ**

Total gross monthly household income	\$	

*Not required if you choose not to have it considered for repaying this loan

**The IRS Form 4506-T will also be accepted.

Household Assets – excluding retirement funds such as a 401(k) or Individual Retirement Account (IRA) funds

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds	\$
Other (please describe):	\$
Total assets	\$

Hardship Information

The hardship causing mortgage payment challenges began on _____ and is believed to be:

☐ Short-term (up to 6 months) ☐ Long-term or permanent (greater than 6 months) ☐ Resolved as of: _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED DOCUMENTATION
<input type="radio"/> Unemployment	<ul style="list-style-type: none"> No documentation required at this time
<input type="radio"/> Reduction in income	<ul style="list-style-type: none"> No documentation required at this time
<input type="radio"/> Increase in housing-related expenses	<ul style="list-style-type: none"> No documentation required at this time
<input type="radio"/> Divorce or legal separation	<ul style="list-style-type: none"> Final divorce decree or final separation agreement
<input type="radio"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> Recorded quitclaim deed or other legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="radio"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> Death certificate
<input type="radio"/> Long-term or permanent disability, serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> No documentation required at this time
<input type="radio"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> No documentation required at this time

Loan number: _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED DOCUMENTATION
<input type="radio"/> Distant employment transfer / relocation	<ul style="list-style-type: none"> ▪ For active duty service members: PCS orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location OR ▪ A written explanation if employer documentation not applicable AND documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="radio"/> Other	<ul style="list-style-type: none"> ▪ Written explanation describing the details of the hardship and relevant documentation

Borrower Certification

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I may be required to provide additional supporting documentation. I will provide all requested documents and will respond in a timely manner to all servicer or authorized third party* communications.
3. My mortgage servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. The servicer or authorized third party* may obtain a current credit report for the borrower and co-borrower.
5. I consent to the servicer, authorized third party*, or any investor/guarantor, disclosing of personal information collected during the mortgage assistance process, as well as information about any relief I receive, to Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that provide support services to them. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I consent to being contacted concerning this request for mortgage assistance at any telephone number or email address I have provided to the lender/servicer or authorized third party*.
7. If I am eligible for and enter in to a Trial Period Plan for a modification, I agree that payments due will contain escrow amounts. If I was not previously required to pay escrow amounts, and my Trial Period Plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.

Borrower signature: _____

Date: _____

Co-Borrower signature: _____

Date: _____

* An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA), or other similar entity that is helping me obtain mortgage assistance.



THIRD PARTY AUTHORIZATION

I/We (all borrowers) authorize Seterus, Inc., its successors and/or assigns, to release any and all information regarding my/our loan to the designated third party(ies) listed below and with the level of authorization selected. Such information may include, but is not limited to, the amount due, payment and credit history, loan payoff(s), and any credit transactions. I/We agree to release and hold Seterus, its employees, officers, and agents harmless from any claims based upon this authorization. This authorization is valid until five business days after Seterus receives a revocation of this authorization in writing from any one borrower.

Loan number _____ Property address _____

Authorization levels

1. Release of information only. Third party may receive verbal or written correspondence in regards to personal or loan information (i.e., confirmation of transactions) but is not authorized to make changes to the loan.
2. Release of information and negotiate. Third party has release of information authorization in addition to the ability to negotiate loss mitigation options such as repayment plans, short sales, or deed in lieu that **do not** require changes to or opening of escrow accounts.
3. Release of information, negotiate, and escrow agreements. Third party may receive information, negotiate and provide directions or authorizations regarding escrow and agreements to impound for escrow. (Note: An escrow account is required for most loss mitigation options.)

You may authorize more than one third party.

	THIRD PARTY (#1)	THIRD PARTY (#2)
Third party name (an individual)		
Third party company name (authorization applies to any employee of this company)		
Authorization level	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
Third party address		
Third party phone number		
Relationship (check one)	<input type="checkbox"/> Realtor <input type="checkbox"/> Title Company <input type="checkbox"/> Other	<input type="checkbox"/> Realtor <input type="checkbox"/> Title Company <input type="checkbox"/> Other
Expiration date (if applicable)		

Note: ALL borrowers on the loan must provide consent to authorize a third party. Provide legible printed name and signatures of all borrower(s) below.

Borrower name (please print)

Signature

Co-Borrower name (please print)

Signature

Co-Borrower name (please print)

Signature

Co-Borrower name (please print)

Signature

OMB No. 1545-1872

Form **4506-T** (Rev. 9-2013)

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service
RAIVS Team
Stop 37106
Fresno, CA 93888

559-456-5876

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service
RAIVS Team
Stop 6705 P-6
Kansas City, MO 64999

816-292-6102

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Home Affordable Modification Program Government Monitoring Data Form

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER		CO-BORROWER	
<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be completed by Servicers			Name/Address of Interviewer's Employer
This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Servicer/Interviewer's Name (print or type) & ID Number Servicer/Interviewer's Signature Servicer/Interviewer's Phone Number(include area code)	
Loan Number: _____		Servicer/Interviewer's Fax Number(include area code) Servicer/Interviewer's email address	

HELP FOR AMERICA'S HOMEOWNERS.



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date